

ASSIGNMENT (Office)

From (Person): TAN KAH LEONG of CTI Date/Time: 1/4/2021 3:07 PM

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SKA 6401B Insured:

at Workshop m/s **FOCUS AUTO PTE LTD** Tel: 68869097

of No. 1 Kaki Bukit Avenue 6 Autobay #02-48/50

Policy No: _____ Claim No: SNM21D201832/C01

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16/03/2021
(Client's Record)

CA / **REV** / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 01-04-21 3.56P.M Person Contacted: AIDAH Vehicle: IN/OUT

[illegible]